HOSTPLUS

Benefit payment application.

Authority to release your Hostplus superannuation benefit

The Benefit payment application acts as an authority for us to release your Hostplus benefit. A fully completed application form must be provided when requesting a payment in cash, or the transfer of your account to another complying super fund.

If you require any further information or assistance regarding this application please contact us on **1300 467 875** 8am - 8pm AEST Monday - Friday before sending this application.

Please ensure that you **complete all mandatory sections** (marked *) in dark blue or black ink.

On completion, please return this form to the following address: **Locked Bag 5046, Parramatta NSW 2124.**

1 Provide your personal details.

Title

☐ Mr ☐ Mrs ☐ Ms ☐ Dr _____ Other

Gender

☐ Male ☐ Female ☐ Intersex/Indeterminate/Unspecified

Given names*

Surname*

Date of birth* Mobile phone* Hostplus membership number*

Current address*

Suburb State P/C

Your privacy.

Hostplus is collecting and may collect further personal and sensitive information from you in order to assess and determine your benefit application. You can access the Hostplus Privacy Policy at www.**hostplus.com.au/privacy.**

2 Your tax file number.

Hostplus is authorised to request your TFN, and providing it is optional but you may be disadvantaged if you don't. To find out more about how it is used, disclosed or what may happen if you don't provide it go to our website **hostplus.com.au**

My Tax File Number is:

3 Condition of release of your super.

Important: if you have never been employed, benefits cannot be paid until you reach age of 65.

Date of birth	Preservation age
From 1 July 1964	60
1 July 1963 – 30 June 1964	59
1 July 1962 – 30 June 1963	58
1 July 1961 – 30 June 1962	57
1 July 1960 – 30 June 1961	56
Before July 1960	55

Please select the declaration for release of benefit to you:

- ☐ I am still employed and wish to access my available 'non preserved' benefits.
- ☐ I have reached my preservation age, ceased employment and do not intend to be employed again. My last day of employment was:
- ☐ I am aged 60 to 64 and I have ceased employment, with any employer, since turning age 60. My last day of employment was:
- ☐ I am aged 65 or more (your full benefit can be paid).
- ☐ My whole entitlement is less than $200 before tax, and I have ceased employment with my contributing employer .
- ☐ I am withdrawing a restricted non-preserved amount and have left an employer who was contributing to the super plan at the time these funds were contributed.
- ☐ I wish to transfer my funds to another superannuation account (please proceed directly to Step 4)

4 Please select where the benefit should be paid.

Important: please ensure contributions are paid up to date before submitting this application. If a contribution is received after your benefit has been paid, it will be allocated to a new account. You will need to reapply for payment of these monies. Relevant fees may apply.

Option 1 - Cash payment to you.

Withdrawal to be paid to me:

Full ☐ **or** Partial $ _____ **or** ☐ I wish to take the balance of my account, leaving the minimum amount of $6,000 to keep my account open.

Please provide your banking details:

Account name

BSB

Account number

To receive payment by EFT, we require a copy of your current bank statement which clearly displays your account name, account number and BSB number.

We only EFT to an account in the same name as the Hostplus member.

If you do not provide EFT details with your application, or it is unreadable, we will issue you with a cheque.

Option 2 - Transfer to another fund.

Transfer my account balance:

Full ☐ **or** Partial $ _____ **or** ☐ Make a partial transfer, leaving the minimum amount of $6,000 to keep my account open in Hostplus.

Full name of new super fund *

Phone number of the new superfund

New fund member number*

Unique Superannuation Identifier (USI)*

Australian Business Number (ABN)

Option 3 - Transfer to self-managed super fund (SMSF).

Withdrawal to be paid to me:

Full ☐ **or** Partial $ _____ **or** ☐ I wish to take the balance of my account, leaving the minimum amount of $6,000 to keep my account open.

Full name of SMSF*

Phone number of SMSF

Australian Business Number (ABN) of SMSF fund

SMSF Bank account name

BSB

Account number

SMSF Electronic Service Address (ESA)

If you are transferring funds to a self-managed superannuation fund (SMSF), please provide identification as required.

We only EFT to an account in the same name as the self-managed superannuation fund (SMSF).

To receive payment by EFT, we require a copy of SMSF's current bank statement which clearly displays SMSF account name, account number and BSB number.

If this is not provided with your application or is unreadable, we won't be able to process your request.

5 Declaration.

- I authorise my benefit to be paid by Hostplus as instructed on this form.
- I understand that when my full benefit is paid, the fund will be released from all claims, liabilities and obligations in respect of my interest in the fund.
- I am aware that I have the right to request any further information that I require in order to understand my benefit entitlements in the fund, including any fees and charges that may apply to the benefit withdrawal.
- I understand that my insurance arrangements with Hostplus will cease from the date that the full benefit is paid.
- I declare that all information provided on this form is true and correct, to the best of my knowledge.
- If I am applying for a cash benefit, I declare that I am a permanent resident of Australia or New Zealand.

Signature of applicant*

Date*

Checklist.

- ☐ The application has been completed in full.
- ☐ Member details completed, including contact number.
- ☐ The declaration has been signed and dated.
- ☐ All of the required identification documents are attached.
- ☐ A current Bank Statement is attached if requesting EFT payment.
- ☐ If you are a Choiceplus member, you have sold down all of your investments prior to completing this benefit application.